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February 4, 2000

Dockets Management Branch
HFA-305
Food and Drug Administration
5630 Fisher Lane, rm. 1061
Rockville, MD 20852

Ref: Docket No. 99D-5199
"Guidance for Resorbable Adhesion Barrier Device for Use in Abdominal and/or Pelvic Surgery"

To Whom It May Concern:

Please see and forward the attached letter to Dr. Elisa Harvey, (Ob/Gyn Branch/ODE/CDRH), concerning comments regarding the draft "Guidance for Resorbable Adhesion Barrier Device for Use in Abdominal and/or Pelvic Surgery".

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Juarez'.

Thomas G. Juarez
Director, Regulatory Affairs

99D-5199

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February 4, 2000

Elisa Harvey, D.V.M., Ph.D.
Obstetrics & Gynecology Devices Branch
HFZ-470
ODE, CDRH, FDA
9200 Corporate Blvd.
Rockville, MD 20850

Dear Dr. Harvey:

FzioMed, Inc. is a research and development company in San Luis Obispo, CA involved in the development and manufacture of absorbable adhesion barrier medical devices. We have reviewed the draft guidance document on resorbable adhesion barrier devices and appreciate the opportunity to comment on several points of the proposed regulation.

We share the views recently expressed at the FDA Panel Meeting January 25, 2000, in Gaithersburg, MD. by the Adhesion Barrier Task Force, the ad-hoc group formed by members of industry, academia, and clinicians. In particular, we support the notion of establishing industry guidelines in consideration of the least burdensome approach promulgated in the FDA Modernization Act of 1997 (FDAMA). In addition, we would like to reiterate certain key points.

As stated by several speakers at the 1/25/00 advisory panel meeting, and has been cited many times in the literature, post-surgical adhesion reduction/prevention should be considered a clinical end-point, in and of itself. It is generally accepted in the medical community that these adhesions are a phenomenon that are likely to contribute to many of the medical conditions which have been previously proposed as "real" clinical end-points, e.g., infertility, pain, and bowel obstruction. Quite frankly, given the added burden of requiring the assessment of these "real" end-points, small, innovative development companies such as ours would cease to exist. FzioMed appreciates the possible need during post-marketing studies to gather this relative information, but does ask that the FDA use caution in defining the scope of this proposal.

In addition, FzioMed, Inc. has had extensive discussions with members of the medical surgical community in relation to (dis)similarities of adhesion formation following laparoscopy vs laparotomy surgical procedures. FzioMed feels very strongly that the FDA should not implement a default regulation requiring separate pivotal studies. Assuming the sponsor is able to make the argument that the device works equally well for either procedure, given the similarity in adhesion formation and mechanism of device operation, and that the device is shown in pilot studies to be safe for both procedures, it should be up to the sponsor to make the argument that the device is approvable for both indications.

FzioMed, Inc. very much appreciates the FDA's efforts, and in particular those of your office, in drafting a guidance document which, after consideration of industry's input, will evolve into one where there is consensus among all concerned.

Sincerely,

FzioMed, Inc.

A handwritten signature in dark ink, appearing to read 'T. Juarez'.

Thomas G. Juarez
Director, Regulatory Affairs

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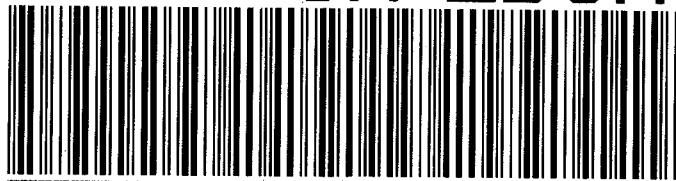
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